



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Judith E. Schwabe
SERIAL NO.: 09/661,581
FILING DATE: September 14, 2000
TITLE: Populating Resource-Constrained Devices with Content
Verified Using API Definitions
EXAMINER: Chamelli Das (Tel. No.: (703) 305-1339)
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ART UNIT: 2122

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Caról Diez

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action of April 7, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 3 of this paper.

Amendments to the Abstract begin on page 18 of this paper and include an attached replacement sheet.

Remarks/Arguments begin on page 20 of this paper.

An **Appendix** including the following documents is attached following page 34 of this paper:

Amended ABSTRACT OF DISCLOSURE (replacement sheet).



PTO/SB/21 (02-04)

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JFW**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/661,581	
	Filing Date	September 14, 2000	
	First Named Inventor	Judith E. Schwabe	
	Art Unit	2122	
	Examiner Name	Chamelli Das	
Total Number of Pages in This Submission	36	Attorney Docket Number	SUN-P4176

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Replacement Sheet- Abstract of Disclosure (amended)
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John P. Schaub, Reg. No. 42,125
Signature	
Date	7/1/04

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